DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 08/18/2006

Provider Inspection Summary

For the period 07/01/2003 to 06/30/2006 Adult Family Home STATE OF WISCONSIN Bureau of Quality Assurance P.O. Box 2969 Madison WI 53701-2969

Facility Information

Facility Name: SERENITY VIEW (0010245)

Address: S295A PINE AVE, ONTARIO, WI 54651

License Status: REGULAR

Licensed/Certified/Registered 11/11/2003

Regional Office: SOUTHERN REGION (MADISON), (608) 243-2370

Survey ID: 0092272 End Date: 03/29/2004 Type: STANDARD Purpose: SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10007970 Served 04/01/2004

Deficiencies Cited
88.04(2)(h)Subject Area
COMPLY WITH OSHAVerified
07/26/2006Corrected
Yes

Compliance

88.06(3)(a) INDIVIDUAL SERVICE PLAN & ASSESSMENT 07/26/2006 Yes

Survey ID: 0091890 End Date: 01/30/2004 Type: OTHER Purpose: COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0091592 End Date: 11/11/2003 Type: INITIAL Purpose: SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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For the period 07/01/2003 to 06/30/2006 Adult Family Home STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Complaint History

Date Complaint Received: 01/08/2004 Date Investigation Completed: 01/30/2004

Subject Area(s) Result SOD #

ABUSE NOT SUBSTANTIATED